



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 2228

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/605,229		705	3686	03-0930 / 7553.00098

**APPLICANTS**

Stephen J Brown, Woodside, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/237,194 01/26/1999  
 which is a CON of 08/481,925 06/07/1995 PAT 5,899,855  
 which is a CON of 08/233,397 04/26/1994 ABN  
 which is a CON of 07/977,323 11/17/1992 PAT 5,307,263

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

12/04/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	6	89	3

**ADDRESS**

HEALTH HERO NETWORK, INC.  
 2400 GENG ROAD, SUITE 200  
 PALO ALTO, CA 94303  
 UNITED STATES

**TITLE**

NETWORKED REMOTE PATIENT MONITORING WITH HANDHELD DEVICES

<b>FILING FEE RECEIVED</b> 2492	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit